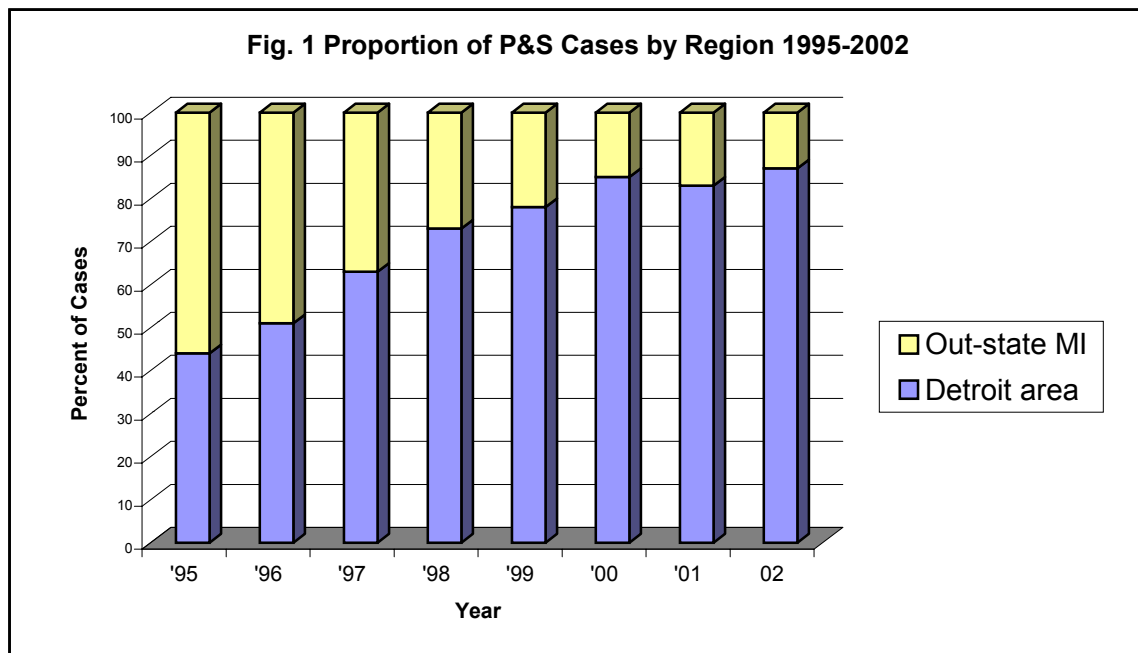


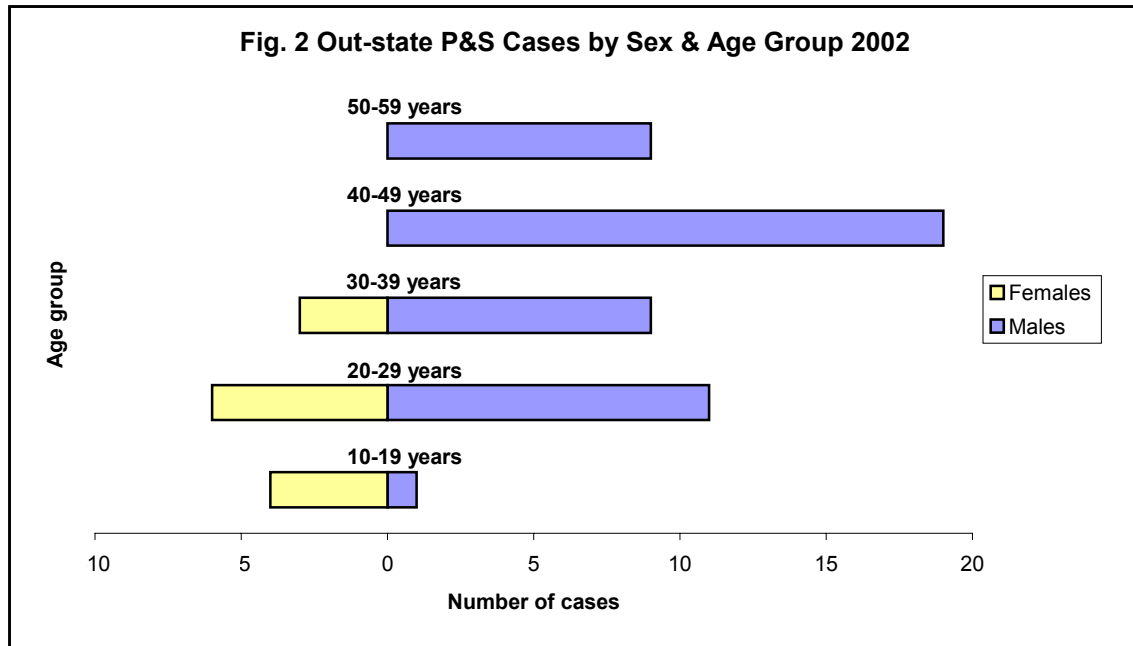
Primary & Secondary Syphilis (P&S) Cases Decrease in Out-state Michigan in 2002

In 2002, the vast majority of Michigan syphilis cases (87%) resided in the Detroit area. This was not always the case. In 1995, less than half of syphilis cases were in Detroit and the others were in counties with urban centers such as Genesee, Saginaw, Berrien, and Kent (see Figure 1). In these areas, syphilis has been brought under control, and the rate of P&S syphilis for out-state Michigan is now 0.7 per 100,000 population, approaching the national syphilis elimination goal of 0.4 per 100,000. Still, there have been increases in syphilis among 40-59 year old males and men who have sex with men (MSM) that require intensified educational and prevention efforts in order to stop syphilis from spreading out-state.

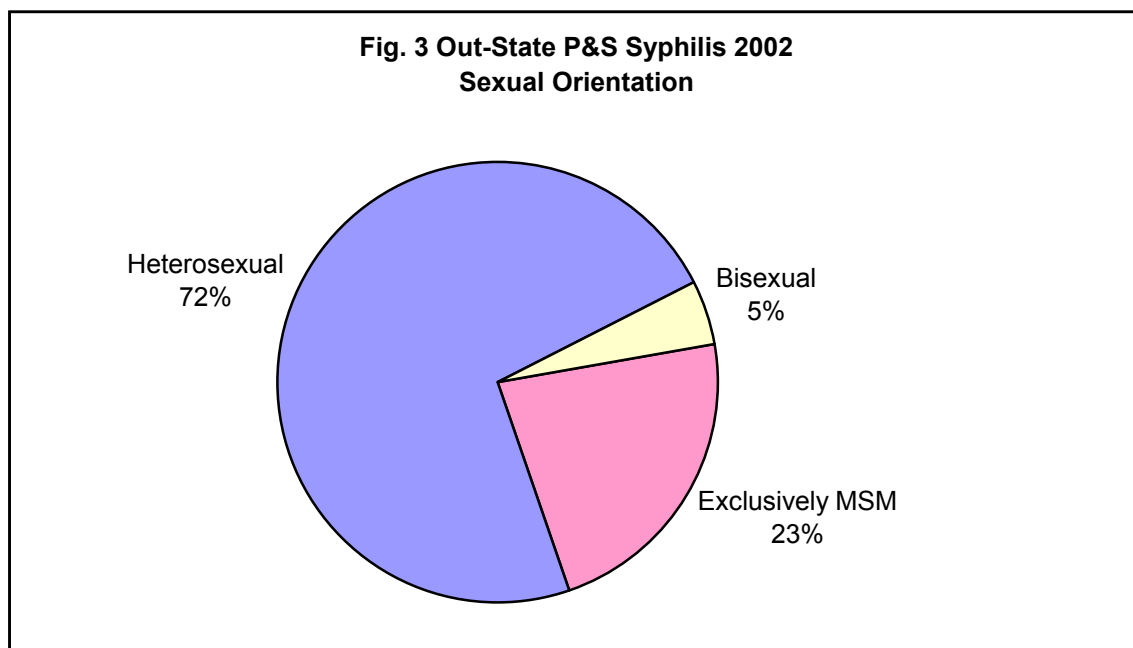


In 2002, 62 cases of P&S syphilis were reported in out-state Michigan (excludes Detroit, Highland Park, Hamtramck, Harper Woods, and the Grosse Pointes). This represents a 13% decrease compared with reports for 2001 (71 cases). The majority of out-state P&S cases in 2002 were male (79%), Black (53%), 30 years or older (65%) and lived in Oakland County (40%) or Wayne County (23%). Other counties with more than one P&S case in 2002 include Kent (6 cases), Macomb (3), Washtenaw (3), Jackson (3), and Saginaw (2).

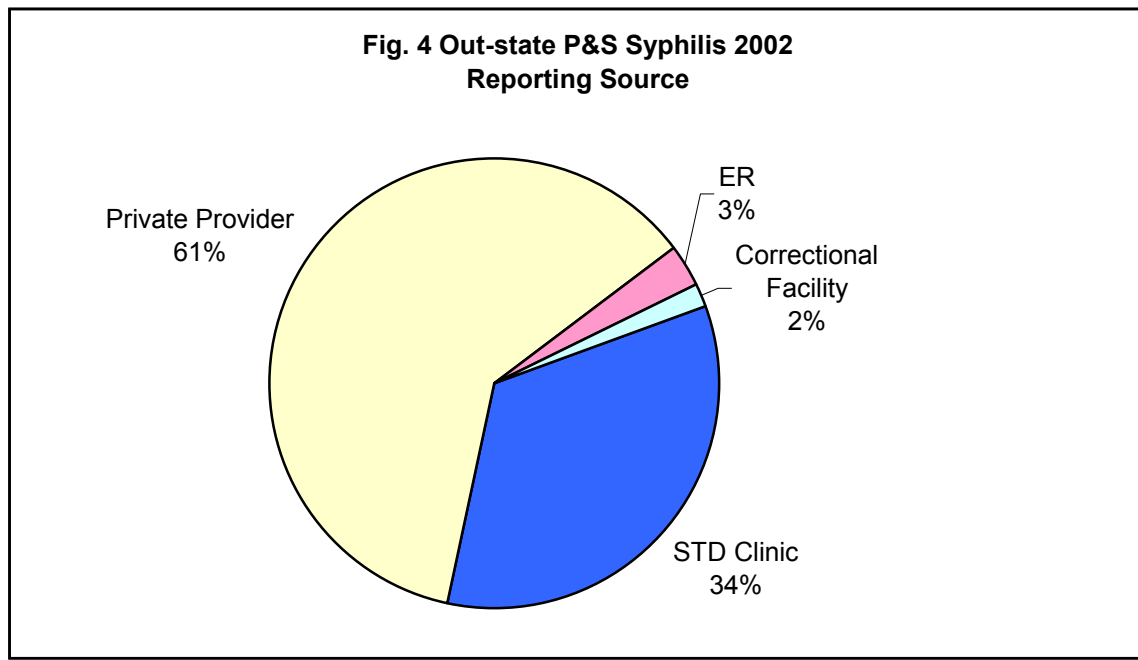
While the number of male P&S cases decreased 2% since 2001, the number of female cases decreased 38%, resulting in an increase in the male-to-female ratio from 2.4 to 3.8. Males were older than females on average, the average age being 39 years for males (ranging from 18-59 years) and 25 years for females (ranging from 17-39 years). Seventy-five percent of the males were 30 years or older, whereas only 23% of the females were in this age group (see Figure 2). Compared with 2001, increases were seen among males 40-59 years (155%) and females <20 years (300%). The number of White cases remained the same in the 2002, whereas Black cases decreased 25% since 2001.



A large male-to-female ratio can indicate transmission of infection among men who have sex with men. Urban areas in other parts of the country have been experiencing increases in syphilis among MSM. This may be occurring in out-state Michigan as well. Twenty-three percent of out-state cases were exclusively MSM, and 5% were bisexual (see Figure 3). Of the 49 male cases, 16 (37%) reported having sex with men. Moreover, the proportion of male cases that were MSM increased in every quarter in 2002, from 17% of male cases in the first quarter to 50% in the fourth. Five of the 62 P&S cases (8%) were known to be infected with HIV; all 5 were MSM.

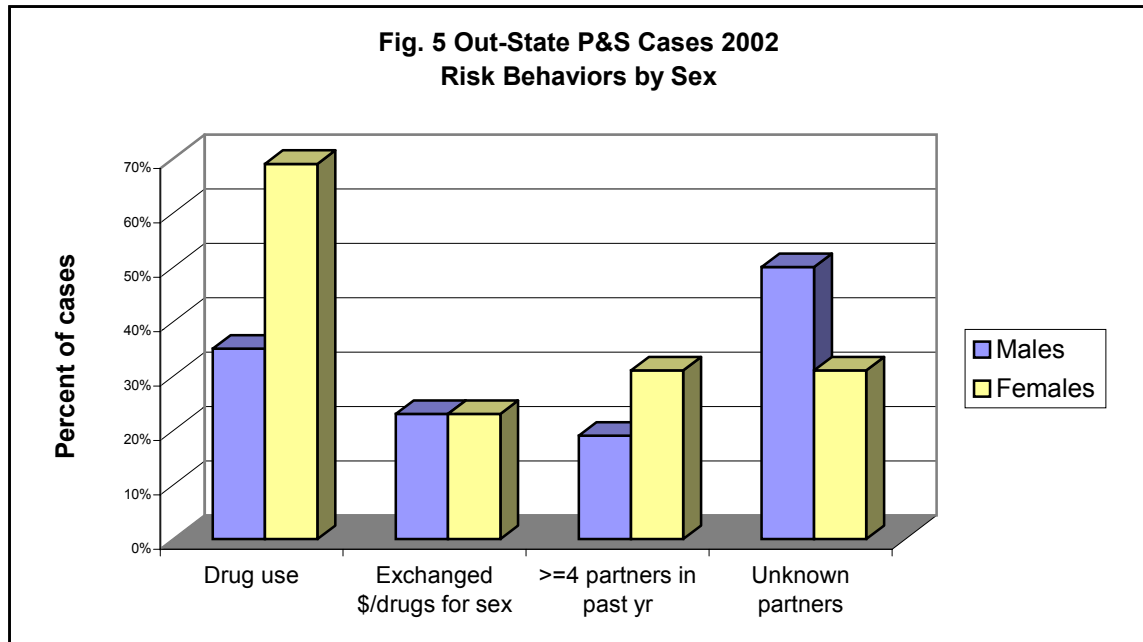


Private health care providers reported the majority of cases (61%); 34% of cases were reported by a public STD clinic (see Figure 4). Few cases were reported by emergency rooms (3%) or correctional facilities (2%). Compared with 2001, the number of cases reported by private providers remained the same, while the number reported by STD clinics decreased 25%.



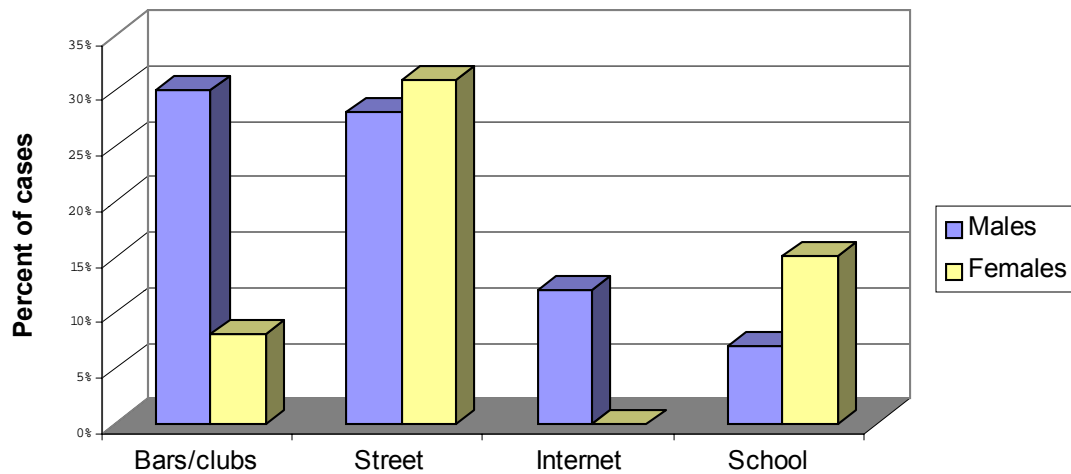
Starting in January 2002, Disease Intervention Specialists began routine collection of behavioral information during the syphilis intervention interview for all out-state early syphilis cases. Behavioral data were available for 56 (90%) of the P&S cases. More than half of the interviewed cases (54%) were identified as belonging to a possible core group of transmitters; they had either exchanged money or drugs for sex, had 4 or more partners in the past year, had unknown partners, or used heroin, crack or cocaine. A greater proportion of male cases were in the core group (60% vs. 31% of females).

Figure 5 shows the percentage of cases engaging in selected risk behaviors by sex. Overall, 23% of cases reported exchanging money or drugs for sex. Three of the 13 female cases (23%) reported receiving drugs or money for sex, and 10 of the 43 male cases (23%) reported giving money or drugs for sex. The majority of cases (61%) had multiple partners in the past year, and 12 cases (21%) had 4 or more partners in the past year. While males were more likely to report having multiple partners, females were more likely to report 4 or more partners. Almost half of all cases (45%) indicated they had anonymous or unknown partners, with a higher proportion of males reporting this type of partner. Illicit drug use was common (43%), with marijuana being the most frequently reported drug (39% of cases), followed by cocaine (13%) and crack (9%). Females were more likely to report drug use (69% vs. 35% of males), particularly marijuana (69% vs. 35% of males) and crack (15% vs. 8% of males), but cocaine was used equally by males (13%) and females (15%). Despite these high-risk behaviors, 86% of cases did not use a condom the last time they had sex.



In order to determine the best venues at which to screen or conduct other outreach activities, information is gathered about each case's social history and places where they met sex partners. Eight cases (14%) had been incarcerated in the past year; six had been in jail or juvenile detention and three had been in prison. In the past year, four cases (7%) reported being homeless, 10 (18%) had been to an HIV test site, two (4%) had been in a mental health facility, and one (2%) had been in drug treatment. The most frequently mentioned places for meeting partners were on the street (29%) and in bars or clubs (25%). Other places mentioned repeatedly include home (9 cases), the Internet (5 cases), parties (5 cases), school (5 cases), parks (3 cases), and motels (2 cases). Males were more likely to meet partners in bars or clubs and on the Internet, whereas females were more likely to meet partners at school (see Figure 6). Five cases reported meeting partners in other states.

Fig. 6 Out-state P&S Syphilis 2002
Venues Where Cases Met Partners by Sex



Compared with Detroit syphilis cases, P&S cases in out-state Michigan were more likely to be male, White, and reported by private providers. Males were more likely to report sex with men and these MSM were less likely to also have female partners than MSM in Detroit. A higher proportion of out-state cases were identified as belonging to the core group compared with Detroit. This is not unexpected since there are fewer cases out-state, and when the prevalence of syphilis in a community is low, it is harder to acquire. Therefore, it is not surprising that out-state syphilis cases are more likely to engage in high-risk behaviors. Although out-state syphilis rates are low, public clinics and private health care providers are encouraged to consider a syphilis diagnosis and test for syphilis when symptoms warrant testing, especially among men over 40 years of age and MSM.